

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**



As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: "Treatment of acute and chronic liver disease"

Fill in Appropriate
Information -
For Use Without
Specification
Attached:

the specification of which is attached hereto. If not attached hereto,
the specification was filed on 14 August 2001 as
United States Application Number _____;
and amended on _____ (if applicable) and/or
the specification was filed on _____ as PCT
International Application Number _____; and was
amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority
Information:
(if appropriate)

Prior Foreign Application(s)			Priority Claimed	
<u>PA 2000 01317</u>	<u>Denmark</u>	<u>09/04/00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional
Application(s):
(if any)

<u>60/237,715</u>	<u>5 October 2000</u>
(Application Number)	(Filing Date)
<u> </u>	<u> </u>
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

<u> </u>	<u> </u>	<u> </u>
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
<u> </u>	<u> </u>	<u> </u>
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

All of the practioners associated with Customer Number 001444

Direct all correspondence to the address associated with Customer Number 001444, which is presently

BROWDY AND NEIMARK, P.L.L.C

624 Ninth Street, N.W.

Washington, D.C. 20001-5303, (202) 628-5197

**PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:**

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

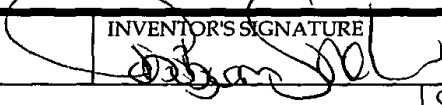
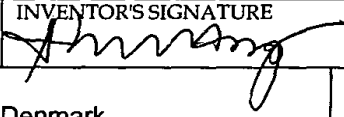
Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME Thorbjørn Grøfte		INVENTOR'S SIGNATURE 	DATE 3/5/01
Residence (City, State & Country) Bispevænget 7 B, Stavtrup St.by, DK-8560 Viby J., Denmark		CITIZENSHIP Danish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Bispevænget 7 B, Stavtrup St.by, DK-8560 Viby J., Denmark			
GIVEN NAME/FAMILY NAME Hendrik Vilstrup		INVENTOR'S SIGNATURE 	DATE* 240801
Residence (City, State & Country) Vestre Skovvej 6E, DK-8240 Risskov, Denmark		CITIZENSHIP Danish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Vestre Skovvej 6E, DK-8240 Risskov, Denmark			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			